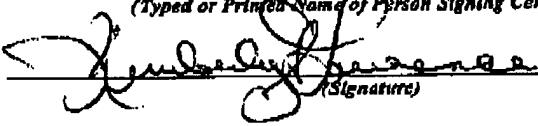
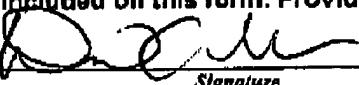


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Greg A. Hanlon			Docket No. 03-025/PES-0220
Application No. 10/711,685	Filing Date September 30, 2004	Examiner Lee, Cynthia K.	Group Art Unit 1745
Invention: ELECTROCHEMICAL CELL BIPOLAR PLATE		RECEIVED CENTRAL FAX CENTER APR 27 2006	
I hereby certify that this <u>RCE Trans (1p), Amend Trans (1p), Ext of Time (1p), RCE and Amend (15 ps)</u> <small>(Identify type of correspondence)</small>			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)			
on <u>April 27, 2006</u> <small>(Date)</small>			
<p style="text-align: center;"><u>Kimberly A. Lawrence</u> <small>(Typed or Printed Name of Person Signing Certificate)</small></p>  <p style="text-align: center;">_____ <small>(Signature)</small></p>			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 03-025/PES-0220	
Applicant(s): Greg A. Hanlon					
Application No. 10/711,685	Filing Date September 30, 2004	Examiner Lee, Cynthia K.	Customer No. 23462	Group Art Unit 1745	Confirmation No. 5684
Invention: ELECTROCHEMICAL CELL BIPOLE PLATE					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23	-	22	=	1
INDEP. CLAIMS	3	-	3	=	0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$25.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$25.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <i>Signature</i> David Arnold Registration No. 48,894 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 phone: 860-286-2929 fax: 860-286-0115					
I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460" [37 CFR 1.8(a)] on _____ <i>(Date)</i>					
<i>Signature of Person Mailing Correspondence</i>					
<i>Typed or Printed Name of Person Mailing Correspondence</i>					